

CITY OF SAN DIEGO  
COMMISSION FOR ARTS AND CULTURE

**FY 2006 ORGANIZATIONAL SUPPORT PROGRAM**  
**REQUEST FOR PAYMENT**

ORGANIZATION: \_\_\_\_\_

REQUEST PERIOD: (MONTH/DAY/YEAR) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PERSON COMPLETING FORM/TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EXPENSE CLASSIFICATION	FY 2006 TOT ALLOCATION	PAYMENTS TO DATE	TOTAL ORGANIZATION EXPENSES <u>FOR THIS</u> <u>PERIOD</u>	PAYMENT REQUEST <u>FOR THIS PERIOD</u>
<b>PERSONNEL: Wages and Benefits</b>				
Artistic (A)				
Administrative (AD)				
Education (E)				
Technical Production (TP)				
Other (OP) _____				
<b>PERSONNEL SUBTOTAL</b>				
<b>OPERATING: Non-Personnel</b>				
Facility/Space (inc. rentals) (FS)				
Education (EE)				
Marketing (M)				
Production/Exhibition (PE)				
Fundraising (FR)				
Other (OO) _____				
<b>OPERATING SUBTOTAL</b>				
<b>GRAND TOTAL</b>				

**AUTHORIZATION**

On behalf of the above named organization, I request the above payment amount.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Title Telephone No.

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

VICTORIA L. HAMILTON, Executive Director, City of San Diego Commission for Arts and Culture

**REQUEST FOR PAYMENT BUDGET DETAILS**

Please provide details on expenditures in the lined spaces below. Use code letters to classify expenditures. The Classification Code Letters correspond to those used on the reverse side of this form, as well as those used on the Budget Summary (Exhibit A) in your Agreement. If you need additional space to record check and vendor information please attach a second page. Complete and return this form. **RETAIN A PHOTOCOPY FOR YOUR RECORDS**

**EXPENSE CLASSIFICATION CODE LETTERS****PERSONNEL - WAGES & BENEFITS**

**A** Artistic  
**AD** Administrative  
**E** Education  
**TP** Technical Production  
**OP** Other (Personnel)

**OPERATING – NON-PERSONNEL**

**FS** Facility/Rentals  
**EE** Education  
**M** Marketing  
**PE** Production Exhibition  
**FR** Fundraising Expenses  
**OO** Other (Operating)

CHECK NUMBER	DATE	VENDOR Only submit information on checks for which you are seeking reimbursement.	AMOUNT	CODE LETTER

**MATCHING INCOME INFORMATION: You are required to match your City TOT funding 3:1**

1. Total matching dollars required for this contract year: \_\_\_\_\_
2. Total matching dollars received to date: \_\_\_\_\_
3. Matching dollars required for this request period: \_\_\_\_\_
4. Please indicate sources and amounts of matching income you have received for this request period:

<u>Date</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail to: **Contracts Coordinator, Commission for Arts and Culture, 1010 Second Ave., Ste. 555, San Diego, CA 92101-4998**